

1. That the syphiloma was not a gumma nor a periosteal affection but rather an affection of the bursa over the inner aspect of the great toe.

2. The slow growth (18 months) is not uncommon in syphilitic growths of serous membranes.

3. The hepatic enlargement was not syphilitic, but due to gall-stones.

4. That the erysipelas was aggravated by the hepatic disease, as Professor Verneuil has several times seen before.

5. That the rapid recovery from the erysipelas commenced from the counter-irritation over the liver and was due to it because the erysipelas, which had been rapidly spreading before its application, suddenly ceased, though it had not been touched by large doses of quinine and purgatives.—*Le Bull. Med.*, p. 883., September 1887.

H. DES VŒUX (London).

VII. A Contribution to the Diagnosis of Venereal Sores. By M. PAUL THIERY (Paris). A scraping of the surface of the sore is *gently* taken with a blunt knife and placed between two coverslips. Each of these is *rapidly* dried over a spirit lamp, and then allowed to remain for two or three minutes in a solution of "eosine", it is then passed for half a minute into 40% caustic potash solution, washed with distilled water, dried with blotting paper and mounted in glycerine under a magnifying power of from 300-400 diameters.

The discharge from an herpetic or from an infecting sore contains no elastic fibres, whereas that from a soft sore does. This examination will often confirm and sometimes correct the diagnosis of the nature of a sore, but it must not be absolutely relied on.

The author gives tabular results of his method applied in seventy-two cases.—*Le Prog. Med.*, Jan. 1, 1887.

A. F. STREET (Westgate)

GYNÆCOLOGICAL.

I. On Rectocele Vaginalis or Vestibularis. By DR. ED. ROSE (Berlin). In this paper Prof. Rose discusses the treatment

of rectocele vaginalis or vestibularis without prolapsus uteri. The hernial sac of the vagina has here as one of its coverings, the peritoneum, and in every case the peritoneum of Douglas' pouch reaches in its lower limit to the internal sphincter. In order to oppose a permanent barrier to the recurrence of the hernia after reposition, the author denudes the whole posterior half of the vagina as far as the uterus. The wound thus made is united again in a sagittal direction with sutures. The result is a stricture of the vagina which leaves a lumen scarcely the calibre of the small finger. As an additional support of the hernia, the author then performs an episiorrhaphy by which the whole vestibule is closed as far as the urethra. This latter procedure is not to be advised in weakly individuals or old subjects. The effects are apt to be ill borne by the patient. In addition to the above the author reports a case with a peculiar anatomical anomaly. Patient was æt. 46, and was operated on by Prof. Rose for rectocele vestibularis. She had borne one child and there was no rupture of the perineum or prolapsus uteri. The hernia was the size of a closed hand and was easily reposed. During preliminary treatment a small, hard tumor was discovered apparently lying in the anterior wall of the rectal hernial sac. It was about two finger breadths removed from the patulous cervix, and 2 or 3 finger breadths above the lower limit of the plica recto-vaginalis peritonei. After its excision (during the operation for the rectocele) a sound could be introduced into a blind passage for 4 cm., leading upward in the direction of the peritoneal cavity. The tumor itself was consistent, and had the appearance of an infantile uterus. In its center was found a blind canal. It measured 3 cm., in length and 6 c m., in circumference. It was composed of smooth muscle tissue, and the canal in its interior was filled with detritus granules and lined with a variety of decidua, the nature of whose structure the author has not determined. After a careful comparison of anatomical facts and the literature on the subject (Breisky, Malpighi, Gärtner, Kobelt, Kiwisch, Bois de Loury, Freind, Veit. etc.) the author concludes that the above was a case of didelphys (double uterus). Here the left side of the uterus remained undeveloped and was closed inferiorly. The blind canal leading upward into the peri-

toneal cavity, cannot be looked on as a rudimentary Fallopian tube.
—*Zeitsch. f. Chir.* bd. xxv. heft 6.

HENRY KOPLIK (New York).

II. Salpingitis and Hæmato-Salpingitis. M. TERRILLON (Paris). The author reports three cases. The first is a simple salpingitis extending over 5 years and turning to one of hæmatoma. Complete cure followed laparotomy and the total extirpation of the tube and ovary. The patient got back to a normal state of health and lost all her severe pains.

The second case is one of hæmatoma with extensive salpingitis, in the right side, dating from 5 years back. Laparotomy is performed, the total removal of the pouch is impossible, so it is opened and 500 grammes of blood and 200 grammes of hæmatine are removed. The walls are cleaned, drainage is seen to. In two months the patient is quite cured.

The third case serves to show that palliative measures are not so satisfactory in their results.

A patient is suffering from a right hæmato-salpinx in the right side, dating six years. Since three years ago the tumor has been punctured ten times without any benefit. The pouch becomes refilled at every menstrual period, and the patient's state remains the same, and the pains subsist.—*Le Bulletin Medical*, Sept. 25, 1887.

LEONARD MARK (London)

III. Laparotomy for Rupture of the Uterus with Recovery. By Dr. A. KOETTNITZ, (Zeitz). The patient æt. 29 years had rickets in early youth, learning to walk very late. Married in her twentieth year. A year after passed through a difficult confinement (forceps), giving birth to a dead fœtus and sustaining an extensive tear in the perineum. Two years later a second confinement, also very difficult. Forceps of no use and cephalotripsy performed. Vesico-vaginal fistula; cured by operation three months later. Two years after this she aborted at the end of the second month, losing considerable blood. When she was first seen by author she was five months gone. The measurements of the pelvis were: Conjug. diag. 10.0 cm.; Cr.